

PREGNANCY MAINTENANCE INITIATIVE (PMI)

Client Satisfaction Survey

- 1). Agency Name: _____ 2). Agency City: _____
- 3). How did you learn about these (PMI) services: (circle) Friend/Relative Church Media
School Pregnancy Care Provider Adoption Agency Hospital Health Dept. Other: _____
- 4). Circle the services that you received as a result of your participation with PMI:
Prenatal Medical Care Medical Care Housing Alternative Education Adoption Guidance
Transportation Paternal Involvement Support Child Care Parenting Education /Support
Drug/Alcohol Assessment/Treatment
- 5). Did you have problems getting to your PMI appointments? No Yes Reason: _____
- 6). On the average, how long did you have to wait before you were seen by PMI staff: Less than 15
minutes 15-30 minutes 31-45 minutes 46 minutes-1 hour
- 7). During your visits: Did the case manager carefully listen to you: Yes No Did the
staff carefully listen to you: Yes No Do you feel you
participated in the goal planning: Yes No Were things explained in a
way you could understand: Yes No If answered no to any questions,
please explain: _____
- 8). Did you feel you were fully informed of: Location of Services Yes No Requirements of Services
Yes No Available services to continue your pregnancy Yes No Length of services during pregnancy
and after Yes No
- 9). Would you recommend these services to a friend or relative: Yes No
- 10). How old are you: (circle) Under 15 15-17 18-19 20-24 25-29 30-34 35-39 40-44 45-54
55 or older
- 11). What is your race: White Asian Black or African American Native Hawaiian/Pacific Islander
American Indian/Alaskan Native
- 12). Do you consider yourself to be of Hispanic origin: Yes No